



## TEXAS DEPARTMENT OF INSURANCE

### Division of Workers' Compensation - Medical Fee Dispute Resolution (MS-48)

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## MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

### GENERAL INFORMATION

**Requestor Name**

Tonya Youngblood, M.D.

**Respondent Name**

City of Austin

**MFDR Tracking Number**

M4-17-1604-01

**Carrier's Austin Representative**

Box Number 43

**MFDR Date Received**

January 27, 2017

### REQUESTOR'S POSITION SUMMARY

**Requestor's Position Summary:** "DESIGNATED DOCTOR EXAMINATION INCORRECT REDUCTION"

**Amount in Dispute:** \$165.00

### RESPONDENT'S POSITION SUMMARY

**Respondent's Position Summary:** "The bill was reimbursed at \$1450.00 by the following formula.

DDE/MMIREACHED: \$350.00

IR-3 AREAS: SPINE ROM&UPPER EXTERMITY [sic] (SHOULDERS)-ROM \$450.00 + NONMUSCULOSKELETAL AREA-HEAD \$150.00

RTW-\$500.00

99080-73-\$0/ DENIAL 97; PER RULE 134.202(e)(7); THE REIMBURSEMENT SHALL INCLUDE COMMISSION REQUIRED REPORTS."

**Response Submitted by:** WellComp

### SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
September 28, 2016	Designated Doctor Examination (99456-W5-WP)	\$150.00	\$150.00
September 28, 2016	Designated Doctor Examination (99456-W8-RE)	\$0.00	\$0.00
September 28, 2016	Work Status Report (99080-73)	\$15.00	\$0.00

### FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and applicable rules of the Texas Department of Insurance, Division of Workers' Compensation.

**Background**

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §134.239 sets out the fee guidelines for billing Work Status Reports related to division-specific services provided on or after September 1, 2016.

3. 28 Texas Administrative Code §134.250 sets out the fee guidelines for maximum medical improvement and impairment ratings provided on or after September 1, 2016.
4. The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
  - P12 – Workers’ compensation jurisdictional fee schedule adjustment.
  - 97 – The benefit for this service is included in the pymt/allowance for another service/procedure that has already been adjudicated.

### Issues

1. What are the services in dispute?
2. Is City of Austin’s reason for denial of payment for procedure code 99080-73 supported?
3. Is Tonya Youngblood, M.D. entitled to additional reimbursement?

### Findings

1. Tonya Youngblood, M.D. is seeking reimbursement of \$165.00 for a designated doctor examination that includes procedure codes 99456-W5-WP, 99456-W8-RE, and 99080-73. Dr. Youngblood is seeking \$0.00 for procedure code 99456-W8-RE, so this code will not be considered in this dispute.
2. City of Austin denied procedure code 99080-73 with claim adjustment reason code 97 – “THE BENEFIT FOR THIS SERVICE IS INCLUDED IN THE PYMT/ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE THAT HAS ALREADY BEE ADJUDICATED.” 28 Texas Administrative Code §134.239 states, “When billing for a work status report that is not conducted **as a part of the examinations outlined in §134.240 and §134.250 of this title** [emphasis added], refer to §129.5 of this title.” For this reason, filing the DWC-073 is not separately payable when provided in conjunction with a Designated Doctor Examination. City of Austin’s denial reason for this service is supported.
3. Per 28 Texas Administrative Code §134.250(3), “The following applies for billing and reimbursement of an MMI evaluation... (C) An examining doctor, other than the treating doctor, shall bill using CPT Code 99456. Reimbursement shall be \$350.” The submitted documentation supports that the requestor performed an evaluation of maximum medical improvement. Therefore, the maximum allowable reimbursement (MAR) for this examination is \$350.00.

28 Texas Administrative Code §134.250(4) states, in relevant part:

- (C) For musculoskeletal body areas, the examining doctor may bill for a maximum of three body areas.
  - (i) Musculoskeletal body areas are defined as follows:
    - (I) spine and pelvis;
    - (II) upper extremities and hands; and,
    - (III) lower extremities (including feet).
  - (ii) The MAR for musculoskeletal body areas shall be as follows.
    - (I) \$150 for each body area if the Diagnosis Related Estimates (DRE) method found in the AMA Guides 4th edition is used.
    - (II) If full physical evaluation, with range of motion, is performed:
      - (-a-) \$300 for the first musculoskeletal body area; and
      - (-b-) \$150 for each additional musculoskeletal body area.
- (D) ...
  - (i) Non-musculoskeletal body areas are defined as follows:
    - (I) body systems;
    - (II) body structures (including skin); and,
    - (III) mental and behavioral disorders.
  - (ii) For a complete list of body system and body structure non-musculoskeletal body areas, refer to the appropriate AMA Guides...
  - (v) The MAR for the assignment of an IR in a non-musculoskeletal body area shall be \$150.

Review of the submitted documentation finds that the requestor performed impairment rating evaluations of a head contusion with residual headaches, a scalp laceration, bilateral shoulders, and the spine. The MAR for this examination is calculated as follows:

Examination	AMA Chapter	§134.204 Category	Reimbursement Amount
Maximum Medical Improvement			\$350.00
IR: Right Shoulder (ROM)	Musculoskeletal System	Upper Extremities	\$300.00
IR: Left Shoulder (ROM)		Spine & Pelvis	\$150.00
IR: Cervical Spine (ROM)			
IR: Thoracic Spine (ROM)			
IR: Lumbar Spine (ROM)			
IR: Head Contusion w/ Headaches	Nervous System	Body Systems	\$150.00
IR: Scalp Laceration	Skin	Body Structures	\$150.00
<b>Total MMI</b>			<b>\$350.00</b>
<b>Total IR</b>			<b>\$750.00</b>
<b>Total Exam</b>			<b>\$1,100.00</b>

The total MAR for the disputed services is \$1,100.00. City of Austin paid \$950.00. An additional reimbursement of \$150.00 is recommended.

### **Conclusion**

For the reasons stated above, the Division finds that the requestor has established that additional reimbursement is due. As a result, the amount ordered is \$150.00.

### ***ORDER***

Based on the submitted information, pursuant to Texas Labor Code Sec. 413.031 and 413.019 (if applicable), the Division has determined that the requestor is entitled to additional reimbursement for the services in dispute. The Division hereby ORDERS the respondent to remit to the requestor the amount of \$150.00, plus applicable accrued interest per 28 Texas Administrative Code §134.130, due within 30 days of receipt of this Order.

### **Authorized Signature**

<hr/> Signature	<hr/> <b>Laurie Garnes</b> Medical Fee Dispute Resolution Officer	<hr/> <b>March 3, 2017</b> Date
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### ***YOUR RIGHT TO APPEAL***

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, 37 *Texas Register* 3833, applicable to disputes filed on or after June 1, 2012.

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MFDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

**Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.**